

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 10/25/01?
- b. The request was received on 02/19/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFAs
 - c. Audit summaries/EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/03/02. Per Rule 133.307 (g)(4) the carrier representative signed for the copy on 04/04/18. The response from the insurance carrier was received in the Division on 04/18/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

The CPT codes in dispute, 22830 and 22830-80), are not global to any other CPT codes billed on the date of service in dispute.
2. Respondent:

The CPT codes in dispute, 22830 and 22830-80, are global to another CPT code billed on the date of service in dispute.

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 10/25/01.
2. The carrier's EOBs have the denial "G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
10/25/01	22830	\$3,500.00	\$0.00	G	\$3,338.00	Global Service Data for Orthopaedic Surgery, 1994: MFG, SGR (I)(D)(1)(b)(i-iv), CPT descriptor	The letter from the carrier to the provider dated 02/08/02 states, "Per our physician advisors code 22830 is only separately reimbursed when performed at an interspace that a fusion is not performed and only an exploration is performed. The carrier's statement is contrary to the CPT descriptor that states, "Exploration of spinal fusion." Also, per the GSDOS, the CPT code in dispute is not global to the primary procedure performed on the DOS is dispute. The procedure in dispute is subject to the multiple procedure and should be reimbursed at 50% of MAR. Therefore, \$1,669.00 additional reimbursement is recommended.
10/25/01	22830-80	\$1,000.00	\$0.00	G	\$834.50	Global Service Data for Orthopaedic Surgery, 1994: MFG, SGR (I)(D)(1)(b)(i-iv), CPT & modifier descriptor	The letter from the carrier to the provider dated 02/08/02 states, "Per our physician advisors code 22830 is only separately reimbursed when performed at an interspace that a fusion is not performed and only an exploration is performed. The carrier's statement is contrary to the CPT descriptor that states, "Exploration of spinal fusion." Also, per the GSDOS, the CPT code in dispute is not global to the primary procedure performed on the DOS is dispute. However, The modifier –80 states, "Documentation on the operating room record shall indicate the amount of time spent by the assistant surgeon in the operative session and the need for an assistant surgeon." The required documentation is not present in the operative report. Therefore, no additional reimbursement is recommended.
Totals		\$4,500.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$1,669.00.

The above Findings and Decision are hereby issued this 14th day of May 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,669.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14th day of May 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Supervisor
Medical Review Division

CO/lb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.